



Join us for...
THE WRITERS' ROOM/writing workshops
march 5, 2016
10 to 5 o'clock

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10 to 11:45 a.m.

Sheryl Noethe/Poetry & the Line Break/Fact & Fiction
Caroline Keys/Songwriting/Boyle Deveny & Meyer
Robert E. Lee/Form Poems/Shakespeare & Company
Caroline Patterson/Kickstart Your Fiction/Missoula Public Library

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11:45 to 12:45 Buffet Lunch (\$12) the Top Hat: "Kicking the Loose Gravel Home"
Film about Richard Hugo

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1:00 to 2:45

Rachel Mindell/The Prose Poem/Fact & Fiction
Marnie Prange/Working with the Image/Shakespeare & Company
Chris Dombrowski/Creative Writing Across the Curriculum/Boyle Deveny & Meyer
Fred Haeefe/Writing Memoir/Missoula Public Library

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3: to 4:45

Dana Fitz Gale/Fiction: Raising the Stakes/Boyle Deveny & Meyer
Derek Heckman/Storming the Novel/Missoula Public Library
Mark Gibbons/Poetry: Sound, Breath & the Oral Tradition/Fact & Fiction
Alex Alviar/Fiction from Personal Spirit/Fact & Fiction

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Cocktail Hour **5 p.m.**
The Radius Gallery – 114 East Main St.

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register at www.missoulawritingcollaborative.org



2016 The Writers' Room Registration Form

Name_____

Address_____

Email_____

Contact Phone_____

Classes: One class: \$60 Two classes \$110 Three classes \$150/Classes must have 5 people or more to go.

Choose Classes:

1.10:00 to 11:45 a.m.
_____ (instructor/title) _____ (amt)

2. 1:00 to 2:45 p.m.
_____ (instructor/title) _____ (amt)

3. 3:00 to 4:45 p.m.
_____ (instructor/title) _____ (amt)

Lunch at the Top Hat (Roasted pork loin with Dijon cream sauce \$12.00
Garlic seared green beans/Caramelized shallot whipped potatoes
Mixed green salad-cranberry vinaigrette)

Vegie option: Black bean cakes w/pico de gallo

Optional donation to Missoula Writing Collaboration _____

total _____

Please send your check with completed form by **February 29, 2016** to:

Missoula Writing Collaborative
P.O. Box 9237, Missoula, MT 59807

Or pay by credit card Visa ☐ Mastercard ☐
Discover ☐ AMEX ☐

Credit Card Number_____Expiration Date_____

Name as it appears on card_____

Billing Address_____City_____State_____Zip_____

Check for OPI renewal units ☐

Full Name_____